

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF COLORADO ET AL,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND HUMAN
SERVICES; ROBERT F. KENNEDY, JR., IN
HIS OFFICIAL CAPACITY AS SECRETARY OF
HEALTH AND HUMAN SERVICES,

Defendants.

**DECLARATION OF DR. BLAYNE
CUTLER IN SUPPORT OF
PLAINTIFFS' MOTION FOR A
TEMPORARY RESTRAINING ORDER**

DECLARATION OF DR. BLAYNE CUTLER

I, Dr. Blayne Cutler, pursuant to 28 U.S.C. § 1746, hereby declare the following to be true and correct:

1. I am the Chief Executive Officer (“CEO”) of Public Health Foundation Enterprises, Inc., dba Heluna Health (“Heluna Health”), a California nonprofit corporation headquartered at 13300 Crossroads Pkwy N #450, City of Industry, CA 91746. I hold both an MD and PhD, with professional experience and training in matters relating to infectious disease and public health. I joined Heluna Health as CEO in 2014, after having previously served as New York City’s Assistant Commissioner for HIV Treatment, Care and Housing, and the city’s Director of HIV Prevention.

2. As the CEO of Heluna Health, I have personal knowledge of the matters set forth below or have knowledge of the matters based on my review of information and records kept in the ordinary course of business by Heluna Health. I submit this declaration in support of Plaintiffs’ Motion for Injunctive Relief.

3. Heluna Health is a mission-focused, California-based nonprofit, focused on enhancing the health, wellness, and resilience of every community we serve. As part of this work, we support research, service, and training to add to public health knowledge; and receive and administer funds for public health implementation and research, all for the public welfare.

4. Among its responsibilities, Heluna Health is the *bona fide* agent for certain cooperative agreements with the California Department of Public Health (“CDPH”) for purposes of receipt and distribution of certain federal funds supporting California’s public health responses to infectious disease threats, such as influenza, H1N1, Zika, Ebola, antimicrobial resistant pathogens, and COVID-19. Our work includes accounting, progress and financial reporting, grant

1 application and hiring personnel to support the implementation of public health strategies and
2 activities. We have served as a *bona fide* agent to CDPH since approximately 2012.

3 5. CDC guidance states that health departments can use an administrative partner or
4 *bona fide* agent—an organization that a state has identified as eligible to apply for and manage
5 grants in its stead—to expedite the federal grant process and increase their competitiveness in
6 applying for federal funding, processing grants, hiring staff, implementing grant activities, and
7 assisting with compliance with grant requirements. In turn, CDPH designates *bona fide* agents like
8 Heluna Health to reduce the costs and burdens to the State of administering federal financial
9 assistance, allowing more funding to flow to local and state public health agencies with greater
10 speed and efficiency. CDPH is thereafter responsible for the strategic and scientific direction of
11 federal funds expended within the State, including the designated public health activities supported
12 by those funds.
13

14 6. Relevant here, Heluna Health serves as the *bona fide* agent for CPDH in connection
15 with CDC’s “Epidemiology and Laboratory Capacity for Infectious Disease” (“ELC”) cooperative
16 agreement. The ELC agreement includes COVID-specific supplemental awards. Among these
17 awards, on or around May 18, 2020, the CDC issued a “Notice of Award” amending the ELC
18 cooperative agreement to include the CARES Enhancing Detection (“ED”) program for
19 California’s COVID-19 response. Attached hereto as Exhibit A is true and correct copy of the
20 Notice of Award for the ED program. Likewise, on or around January 13, 2021, the CDC issued a
21 second COVID-related Notice of Award amending the ELC cooperative agreement to include the
22 Enhancing Detection Expansion (“EDx”) program. Attached hereto as Exhibit B is a true and
23 correct copy of the Notice of Award for the EDx program. The ED and EDx programs were the
24 largest and most material of their kind.
25
26
27
28

1 7. Consistent with CDC guidance, Heluna Health and CDPH worked together on the
2 ED and EDx programs so COVID-19 funds were used for laboratory testing, monitoring, and
3 workforce capacity; to advance electronic data exchange; to coordinate and engage with the
4 public; and crucially, to leverage data and resources to support the ongoing investigation,
5 response, and prevention of COVID-19.

6 8. On or around March 25-26, 2025, CDC transmitted two Notice of Awards
7 purporting to unilaterally amend the ELC Agreement to defund the ED and EDx programs, along
8 with smaller COVID-19 programs, with one such Notice of Award expressly stating CDC would
9 “terminate the use of any remaining COVID-19 funding” associated with the agreement
10 (“Termination”). Attached hereto as Exhibits C and D are a true and correct copy of the NOAs
11 effectuating the Termination. (For reference, Item No. 34 in each notice reflects the reduction of
12 funds to \$0.00 for the ED and EDx programs.) Prior to the Termination, the ED and EDx awards,
13 and smaller COVID-19 awards, were slated to expire over a period of time ending July 31, 2027.
14

15 9. With the Termination, public health programs across the State, serving a population
16 of over 35 million Californians, stand to lose over approximately a half-billion dollars.¹ The monies
17 lost will directly and profoundly inhibit California’s response to the *ongoing* public health harms
18 from COVID-19, which remains *endemic* to the population, continuing to cause illness and death
19 among Californians.
20

21 10. The ongoing health risks from COVID-19 are particularly high for populations with
22 underlying health conditions and/or demographic risk, such as the elderly or those with cancer or
23 diabetes. COVID-19 continues to cause illness and death in California. By way of illustration, from
24 June 30, 2024 through March 22, 2025, more than 2,000 people who died in California did so, in
25

26 _____
27 ¹ This is an estimate. The details relating to the termination action require clarification. CDC does
28 not define “COVID-19 funding” or clarify the status of certain obligated and unobligated funds,
and the 30-day closeout period for the funding specified by CDC creates operational and
regulatory conflicts.

1 part, from COVID-19, according to death certificate data. Attached hereto as Exhibit E is a true and
2 correct copy of the California Respiratory Weekly Virus Report published by CDPH for the week of
3 March 16-22, 2025 (see page 12 for a reporting of COVID-19 deaths). Continuing to understand and
4 address this recently emerged disease remains vitally important to continue to limit its harms.

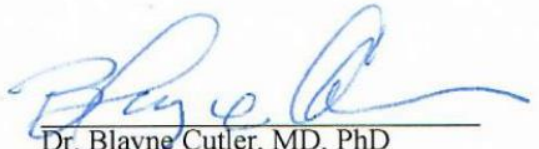
5 11. For Heluna Health's part, the Termination will all but eliminate services our team
6 members offer, including epidemiologic analysis, laboratory testing and/or confirmation, analysis
7 of outbreaks and epidemiologic modelling and related activities (i.e. having the trained personnel
8 who can best anticipate, understand and track this disease, analyze its impact on populations and
9 inform the public regarding treatment in order to mitigate harm). For example, this termination
10 will severely impact innovative methodologies that serve as new, early warning signs of disease
11 in a population, such as programs that monitor wastewater, or the 'Wastewater-Based
12 Epidemiology' program.

14 12. Further, as someone who has dedicated my professional career to public health, the
15 impact of the Termination on public health will be equally devastating. It will accelerate the
16 dismantling of the very infrastructure needed, such as genomic sequencing for infectious diseases,
17 which help us rapidly understand and mitigate harm from novel emerging diseases like COVID-
18 19 in a way that will certainly cause unnecessary death.

20 13. If the termination of the funding is not enjoined, there will be immediate and
21 irreparable damage to COVID-19 programs administered by Heluna Health, including significant
22 staff layoffs; closure of facilities and offices; significant reductions of surveillance and data
23 analysis capabilities; and interruption of disease-related data and information dissemination. I
24 expect CDPH will be similarly impacted. And even more concerning, the Termination will likely
25 lead to worsening health, up to and including death for thousands of Californians.
26
27
28

I declare under penalty of perjury that the foregoing is true and correct.

Executed on the 29th day of March, 2025.



Dr. Blayne Cutler, MD, PhD
Chief Executive Officer
Heluna Health

EXHIBIT A

1. DATE ISSUED MM/DD/YYYY 05/18/2020	1a. SUPERSEDES AWARD NOTICE dated 05/05/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded
2. CFDA NO. 93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	
3. ASSISTANCE TYPE Cooperative Agreement	
4. GRANT NO. [REDACTED] Formerly	5. TYPE OF AWARD Demonstration
4a. FAIN [REDACTED]	5a. ACTION TYPE Post Award Amendment
6. PROJECT PERIOD MM/DD/YYYY From 08/01/2019	Through 07/31/2024
7. BUDGET PERIOD MM/DD/YYYY From 08/01/2019	Through 07/31/2020
8. TITLE OF PROJECT (OR PROGRAM) PHFE CDPH ELC 2019-2024	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

9a. GRANTEE NAME AND ADDRESS Public Health Foundation Enterprises, Inc. [REDACTED] [REDACTED] [REDACTED]	9b. GRANTEE PROJECT DIRECTOR [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
10a. GRANTEE AUTHORIZING OFFICIAL [REDACTED] [REDACTED] [REDACTED] [REDACTED]	10b. FEDERAL PROJECT OFFICER [REDACTED] [REDACTED] [REDACTED] [REDACTED]

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 552,321,987.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	4,376,406.00	c. Less Cumulative Prior Award(s) This Budget Period 53,118,807.00	
b. Fringe Benefits	1,574,695.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 499,203,180.00	
c. Total Personnel Costs	5,951,101.00	13. Total Federal Funds Awarded to Date for Project Period 552,321,987.00	
d. Equipment	262,000.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	1,532,769.00	YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
f. Travel	246,619.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	541,606,799.00	c. 4	f. 7
i. Contractual	1,571,792.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	551,171,080.00	a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	
k. INDIRECT COSTS	1,150,907.00	b	
l. TOTAL APPROVED BUDGET	552,321,987.00	16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
m. Federal Share	552,321,987.00	a. The grant program legislation b. The grant program regulations c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
n. Non-Federal Share	0.00	In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - ☒ Yes ☐ No)
ELC Enhancing Detection Funding: Financial Assistance in the amount of \$499,203,180

GRANTS MANAGEMENT OFFICIAL:

17.OBJ CLASS 41.51	18a. VENDOR CODE [REDACTED]	18b. EIN [REDACTED]	19. DUNS [REDACTED]	20. CONG. DIST. 32
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. [REDACTED]	b. [REDACTED]	c. CK	d. \$499,203,180.00	e. [REDACTED]
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 05/18/2020
GRANT NO.	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 05/18/2020
GRANT NO.	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2019	07/31/2020	Annual	10/29/2020

AWARD ATTACHMENTS

Public Health Foundation Enterprises, Inc.



1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CK19-1904, entitled Epidemiology and Laboratory Capacity (ELC), which is hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Component Funding: Additional funding in the amount \$499,203,180 is approved for the Year 01 budget period, which is August 1, 2019 through July 31, 2020

COVID-19 Paycheck Protection Program and Health Care Enhancement Act Response Activities:

E. Cross-Cutting Emerging Issues: \$499,203,180

Recipients have **30 months** from the date of this NoA to expend all funds awarded herein

Budget/Workplan Revision Requirement: Within 30 days of this NoA, the recipient must submit a revised budget with a narrative justification outlining response activities. Failure to submit the required information in a timely manner may adversely affect the future funding of the project. If the information cannot be provided by the due date, you are required to contact your ELC Project Officer and Grant Management Specialist. The revised budget must be uploaded in GrantSolutions as an amendment to allow issuance of a revised NoA.

Pre-Award Costs: Pre-award costs dating back to January 20, 2020 – when CDC first activated its Emergency Operations Center (EOC) – and directly related to the COVID-19 outbreak response are allowable.

Indirect Costs: Indirect cost will be approved based on current approved negotiated indirect cost rate agreement.

Overtime: Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

Additional Term and Condition:

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the

purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Unallowable Costs:

- Research
- Clinical care
- Publicity and propaganda (lobbying):
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients:
https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
- ***All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.***

REPORTING REQUIREMENTS

Additional Reporting:

- Monthly fiscal reports (beginning 60 days after NOAs are issued)
- Quarterly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans
- Quarterly Performance measure data
- CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.
- Quarterly reporting of test results, both positive and negative
- Clarity on how the states will focus on high socially vulnerable index counties, rural and urban areas, etc. (Vulnerable populations must be specific).

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the

following addresses:

CDC, Office of Grants Services
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

AND

U.S. Department of Health and Human Services Office of the Inspector General

ATTN: Mandatory Grant Disclosures, [REDACTED]
[REDACTED]

Fax: [REDACTED] (Include "Mandatory Grant Disclosures" in subject line) or Email:
MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1- 800-HHS- TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, [REDACTED]. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

EXHIBIT B



Award#

FAIN#

Federal Award Date: 01/13/2021

Recipient Information**1. Recipient Name**

Public Health Foundation Enterprises, Inc.

[REDACTED]
[REDACTED]
[REDACTED]
[NO DATA]

2. Congressional District of Recipient

32

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

8. Authorized Official

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Federal Agency Information

CDC Office

9. Awarding Agency Contact Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

10. Program Official Contact Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Federal Award Information**11. Award Number**

[REDACTED]

12. Unique Federal Award Identification Number (FAIN)

[REDACTED]

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

PHFE CDPH ELC 2019-2024

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/01/2020 - **End Date** 07/31/2021**20. Total Amount of Federal Funds Obligated by this Action** \$1,696,424,899.00

20a. Direct Cost Amount \$1,696,424,899.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$20,292,035.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,716,716,934.00

26. Project Period Start Date 08/01/2019 - **End Date** 07/31/202427. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period \$2,272,733,645.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

[REDACTED]

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 01/13/2021

Recipient Information**Recipient Name**

Public Health Foundation Enterprises, Inc.

[REDACTED]

[REDACTED]

[REDACTED]

[NO DATA]

Congressional District of Recipient

32

Payment Account Number and Type

[REDACTED]

Employer Identification Number (EIN) Data

[REDACTED]

Universal Numbering System (DUNS)

[REDACTED]

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Demonstration

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,880,129.00
b. Fringe Benefits	\$1,727,498.00
c. Total Personnel Costs	\$6,607,627.00
d. Equipment	\$207,355.00
e. Supplies	\$892,462.00
f. Travel	\$77,420.00
g. Construction	\$0.00
h. Other	\$1,706,022,035.00
i. Contractual	\$1,677,380.00
j. TOTAL DIRECT COSTS	\$1,715,484,279.00
k. INDIRECT COSTS	\$1,232,655.00
l. TOTAL APPROVED BUDGET	\$1,716,716,934.00
m. Federal Share	\$1,716,716,934.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
[REDACTED]	[REDACTED]	CK	41.51	\$0.00	[REDACTED]
[REDACTED]	[REDACTED]	CK	41.51	\$1,696,424,899.00	[REDACTED]



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 01/13/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Public Health Foundation Enterprises, Inc.



1. YR 2 Supplemental Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number [REDACTED], entitled Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC), which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Supplemental Component Funding: Additional funding in the amount \$1,696,424,899 is approved for the Year 02 budget period, which is August 1, 2020 through July 31, 2021.

The approved component and funding level for this notice of award are:

NOFO Component	Amount
ELC Enhancing Detection Expansion	\$1,696,424,899

Recipients have until July 31, 2023 to expend all COVID-19 funds awarded herein.

Overtime: Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC will allow recipients to include projected overtime in their budgets. Recipients should be careful to estimate costs based on current real-time needs and will still be required to follow federal rules and regulations in accounting for the employees' time and effort.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group. This includes, but is not limited to, immigration status, criminal history, incarceration, or homelessness. To this end, and to help achieve the public health imperative of widespread herd immunity to COVID-19, Recipient must administer or distribute vaccine to any and all individuals within a prioritized group in the same timeframe, taking into account available vaccine doses. For example, if meatpacking plant workers are a prioritized group, then all workers in that group, including undocumented immigrants, must be vaccinated to help assure that the plant is in a position to safely resume essential functions.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Unallowable Costs:

- Research
- Clinical care
- Publicity and propaganda (lobbying):
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

- All unallowable costs cited in CDC-[REDACTED] remain in effect, unless specifically amended in this guidance, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

Budget Revision Requirement: By March 17, 2021 the recipient must submit a separate revised budget with a narrative justification and workplan in accordance with the COVID-19 guidance. The workplan should be submitted in REDCap and must address all activities in the guidance.

The revised budget and narrative justification must be uploaded as an amendment in Grant Solutions with a SF424A.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

[REDACTED]

COVID-19 - Additional Reporting Requirements:

- Monthly fiscal reports (beginning 60 days after NOAs are issued). Thereafter, all monthly financial reporting will occur on the 5th of the month which will cover the preceding month's expenditures and unliquidated obligations (ULOs).
- Quarterly workplan milestone progress reporting will start on April 30, 2021; and will follow the regular ELC quarterly reporting timeline.
- The Jurisdictional Testing, Case Investigation, and Contact Tracing Plan updates will occur on the same quarterly reporting timeline as the workplan milestone progress.
- CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1- 800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, [REDACTED]. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the

NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Stewardship Information

Stewardship: The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

EXHIBIT C



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# [REDACTED]

FAIN# [REDACTED]

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

[REDACTED]

[NO DATA]

2. Congressional District of Recipient

32

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier (UEI)

[REDACTED]

7. Project Director or Principal Investigator

[REDACTED]

8. Authorized Official

[REDACTED]

Federal Agency Information

CDC Office [REDACTED]

9. Awarding Agency Contact Information

[REDACTED]

10. Program Official Contact Information

[REDACTED]

Federal Award Information**11. Award Number**

[REDACTED]

12. Unique Federal Award Identification Number (FAIN)

[REDACTED]

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

PHFE CDPH ELC 2019-2024

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/01/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$38,507,520.00**22. Offset** \$3,546,390.00**23. Total Amount of Federal Funds Obligated this budget period** \$26,030,398.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$26,030,398.00**26. Period of Performance Start Date** 08/01/2019 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$3,392,957,047.50**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

[REDACTED]

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

[NO DATA]

Congressional District of Recipient

32

Payment Account Number and Type**Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$25,724,697.00
b. Fringe Benefits	\$8,568,846.00
c. Total Personnel Costs	\$34,293,543.00
d. Equipment	\$0.00
e. Supplies	\$6,653,382.00
f. Travel	\$501,398.00
g. Construction	\$0.00
h. Other	\$9,013,527.00
i. Contractual	\$11,488,379.00
j. TOTAL DIRECT COSTS	\$61,950,229.00
k. INDIRECT COSTS	\$6,134,079.00
L. TOTAL APPROVED BUDGET	\$68,084,308.00
m. Federal Share	\$68,084,308.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		CK	41.51	93.323	\$0.00	
		CK	41.51	93.323	\$0.00	
		CK	41.51	93.323	\$0.00	
		CK	41.51	93.323	\$0.00	
		CK	41.51	93.323	\$0.00	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.

1. REVISED: TERMS AND CONDITIONS

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

EXHIBIT D



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

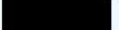
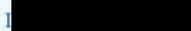
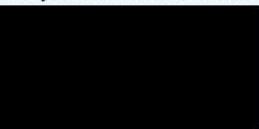
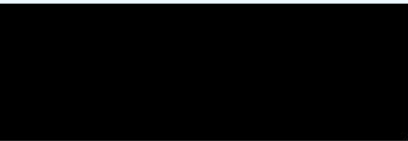
Federal Award Date: 03/25/2025

Recipient Information**1. Recipient Name**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

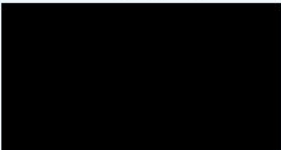
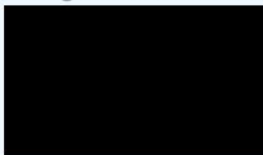
[NO DATA]

2. Congressional District of Recipient

32

3. Payment System Identifier (ID)**4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

9. Awarding Agency Contact Information**10. Program Official Contact Information****Federal Award Information****11. Award Number****12. Unique Federal Award Identification Number (FAIN)****13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

PHFE CDPH ELC 2019-2024

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/01/2023 - **End Date** 07/31/2027**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$38,507,520.00**22. Offset** \$3,546,390.00**23. Total Amount of Federal Funds Obligated this budget period** \$26,030,398.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$26,030,398.00**26. Period of Performance Start Date** 08/01/2019 - **End Date** 07/31/2027**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$3,392,957,047.50**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer – Signature**30. Remarks**

This is an internal administrative action. No action is required from the recipient.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/25/2025

Recipient Information**Recipient Name**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.

[NO DATA]

Congressional District of Recipient

32

Payment Account Number and Type**Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$25,724,697.00
b. Fringe Benefits	\$8,568,846.00
c. Total Personnel Costs	\$34,293,543.00
d. Equipment	\$0.00
e. Supplies	\$6,653,382.00
f. Travel	\$501,398.00
g. Construction	\$0.00
h. Other	\$9,013,527.00
i. Contractual	\$11,488,379.00
j. TOTAL DIRECT COSTS	\$61,950,229.00
k. INDIRECT COSTS	\$6,134,079.00
L. TOTAL APPROVED BUDGET	\$68,084,308.00
m. Federal Share	\$68,084,308.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
		CK	41.51	93.323	\$0.00	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award#

FAIN#

Federal Award Date: 03/25/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

EXHIBIT E






Respiratory Virus Weekly Report

Week 12: March 16, 2025 – March 22, 2025

This report gives information about SARS-CoV-2 (the virus that causes COVID-19) influenza (flu), Respiratory Syncytial Virus (RSV), and other respiratory viruses. It's a quick look at the activity for each week of surveillance and updates most Fridays. The data is early and might change in future reports as we have more information. This report doesn't cover all areas of California, so it might not represent the entire state's public health situation.

- Report Highlights -

The 2024-2025 Respiratory Virus Season covers June 30, 2024 through June 28, 2025.

	COVID-19	FLU	RSV
 Test Positivity (change)	2.1% (0.1)	11.8% (-0.4)	3.1% (-0.7)
 New Admissions Rate per 100,000 Persons (change)	1.1 (-0.4)	1.5 (-1.0)	N/A
 Percent of Total Deaths (change)	0.7% (0.2)	0.3% (-0.4)	0.3% (0.1)
 Total Season Pediatric Deaths (new)	3 (0)	19 (0)	4 (0)
 Wastewater Concentrations (trend)	LOW (PLATEAUING)	N/A	N/A

Key Messages

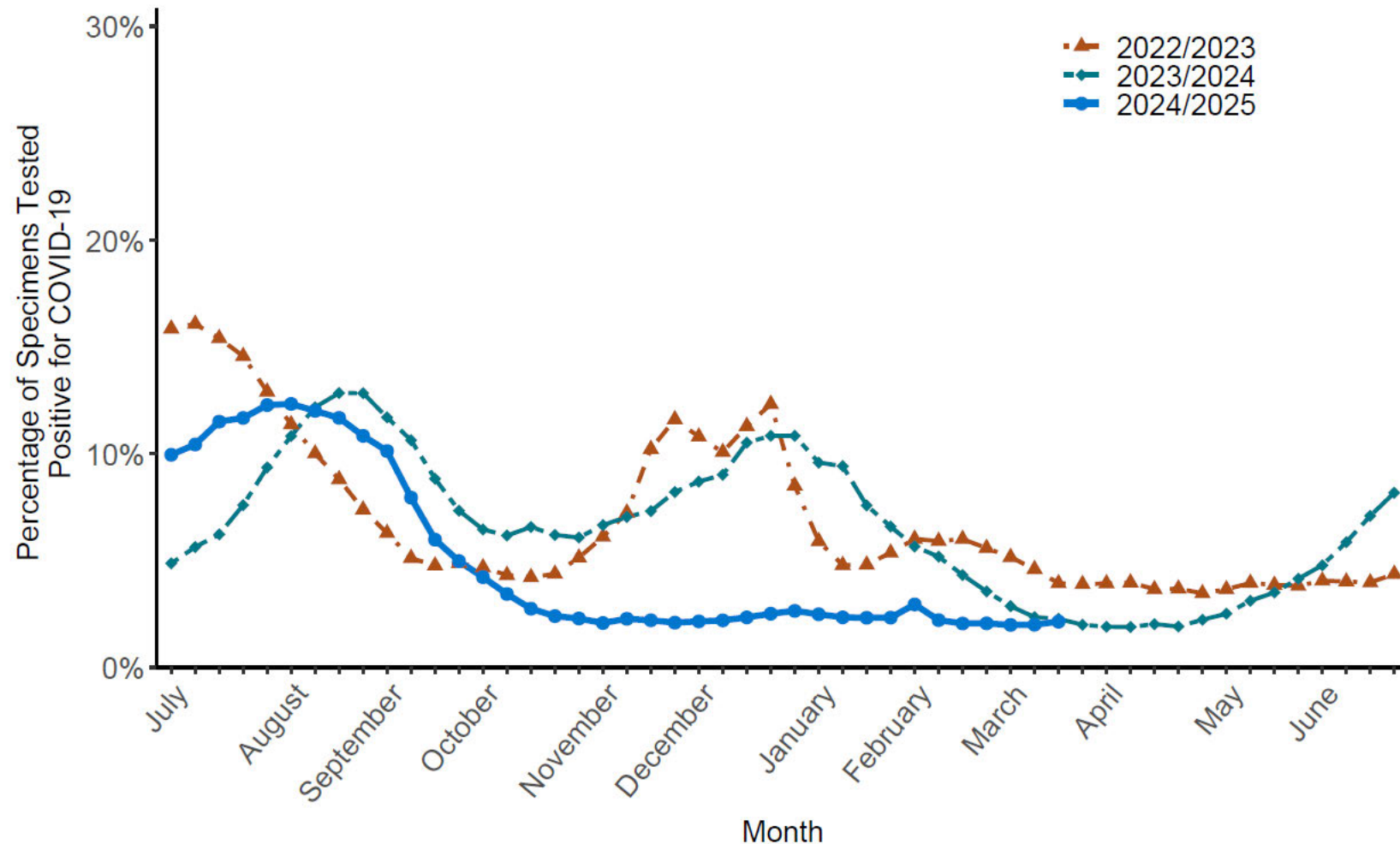
- Influenza activity is moderate and continues to decrease. RSV activity is low. COVID-19 activity is low.
- The majority of positive influenza specimens for this season have been type A with both H1 and H3 seasonal subtypes circulating. Although influenza testing volume continues to decrease, the number of influenza B positive specimens continues to increase.
- CDPH data show that only a small percentage of eligible Californians have received the appropriate respiratory virus vaccines.

This year's respiratory virus season has been dominated by seasonal influenza. See CDC's [Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season](#). With elevated respiratory virus activity, now is the time to take [added precautions](#) to prevent disease spread, especially if you have [risk factors for severe disease](#). Get vaccinated, protect yourself from serious illness, and reduce strain on our healthcare system. Updated COVID-19 and influenza vaccines are still available. Visit the [CDC's RSV vaccination](#) webpage for information about preventing RSV infection. Talk to your healthcare provider today. For the most up to date information on bird flu, please see the [bird flu webpage](#).

COVID-19

The overall percentage of SARS-CoV-2 detections from results received through electronic laboratory reporting (ELR) during the week ending March 22, 2025 was 2.1% compared to 2.0% during the week ending March 15, 2025.

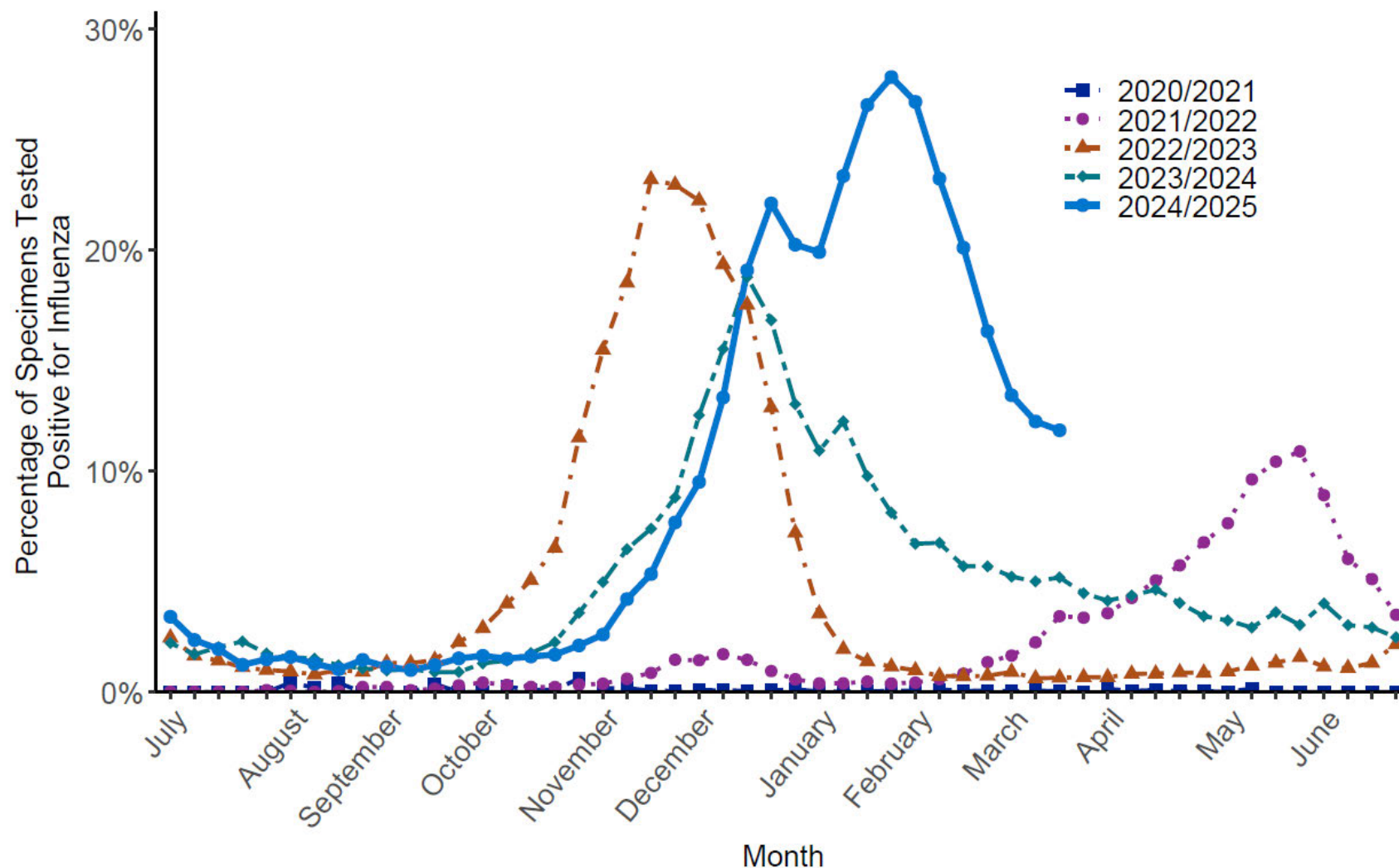
Figure 1. Percentage of SARS-CoV-2 Detections from Test Results Received through Electronic Laboratory Reporting, 2022/2023 Season to Date



[Percentage of SARS-CoV-2 Detections from Test Results Received through Electronic Laboratory Reporting](#)

The overall percentage of influenza detections in clinical sentinel laboratories during the week ending March 22, 2025 was 11.8% compared to 12.2% during the week ending March 15, 2025.

Figure 2. Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2020/2021 Season to Date

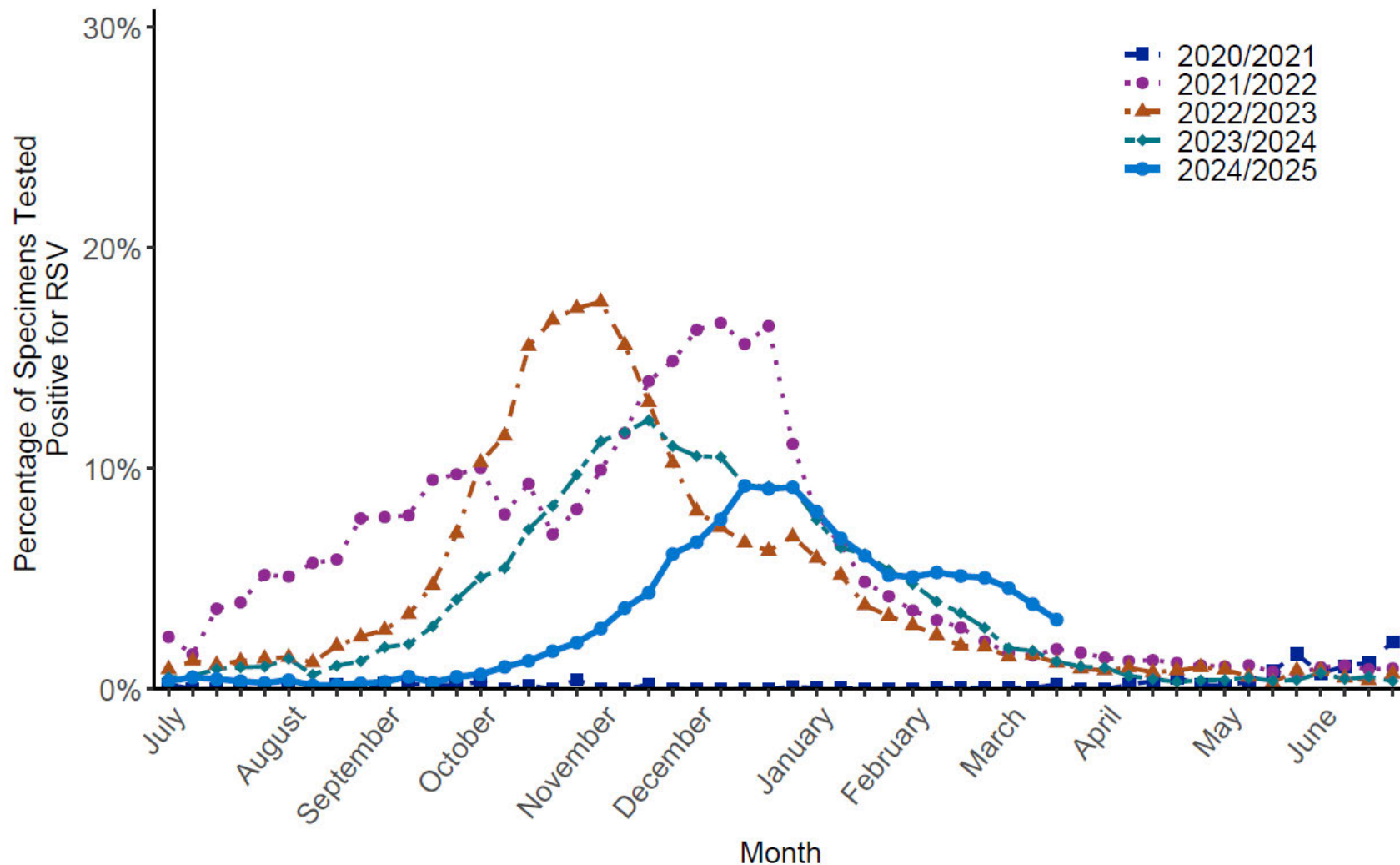


[Percentage of Influenza Detections at Clinical Sentinel Laboratories](#)

Respiratory Syncytial Virus (RSV)

The overall percentage of RSV detections in clinical sentinel laboratories during the week ending March 22, 2025 was 3.1% compared to 3.8% during the week ending March 15, 2025.

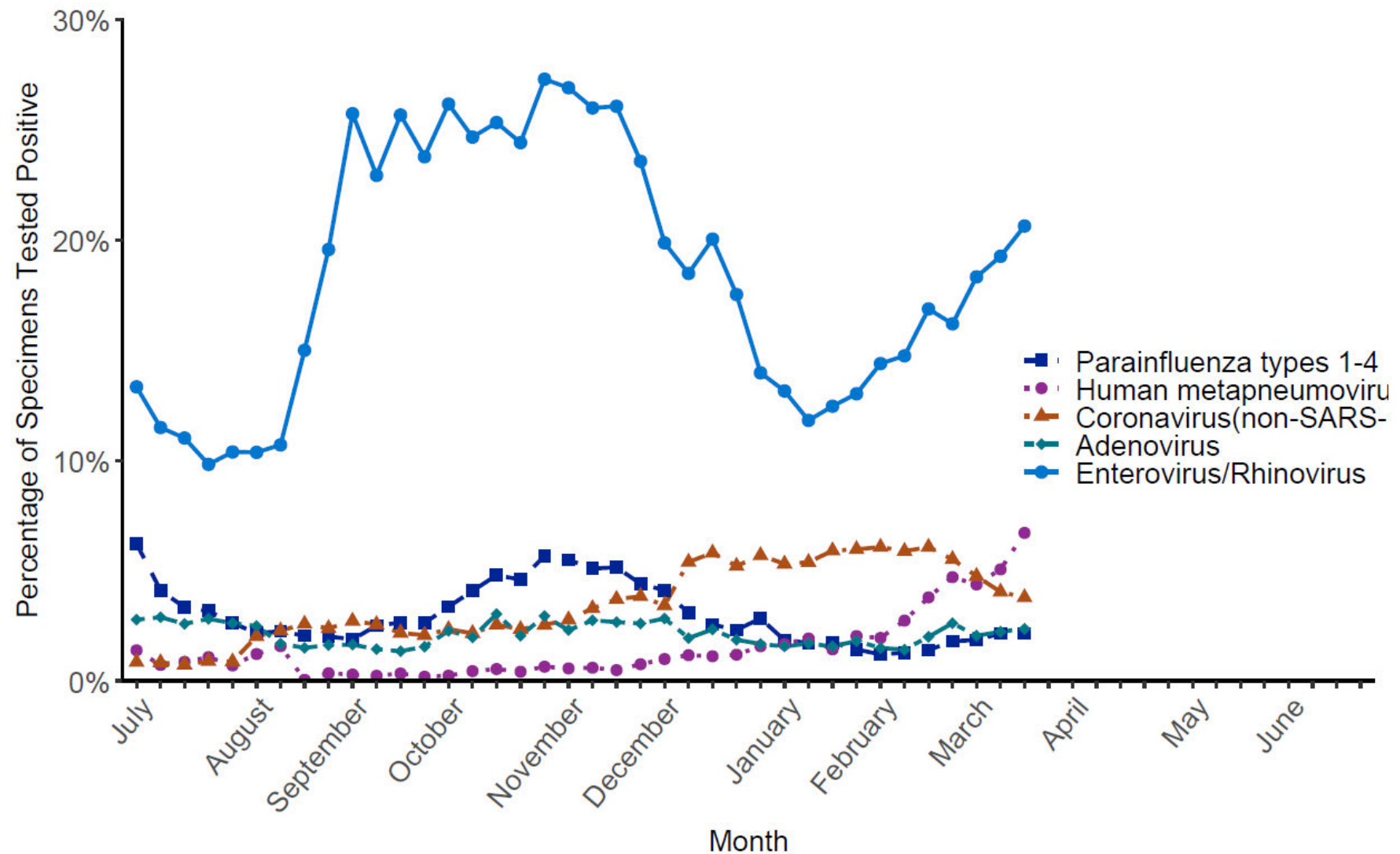
Figure 3. Percentage of RSV Detections at Clinical Sentinel Laboratories, 2020/2021 Season to Date



[Percentage of RSV Detections at Clinical Sentinel Laboratories](#)

Other Respiratory Viruses

257

Figure 4. Percentage of Other Respiratory Pathogen Detections at Clinical Sentinel Laboratories, June 30, 2024 to Date

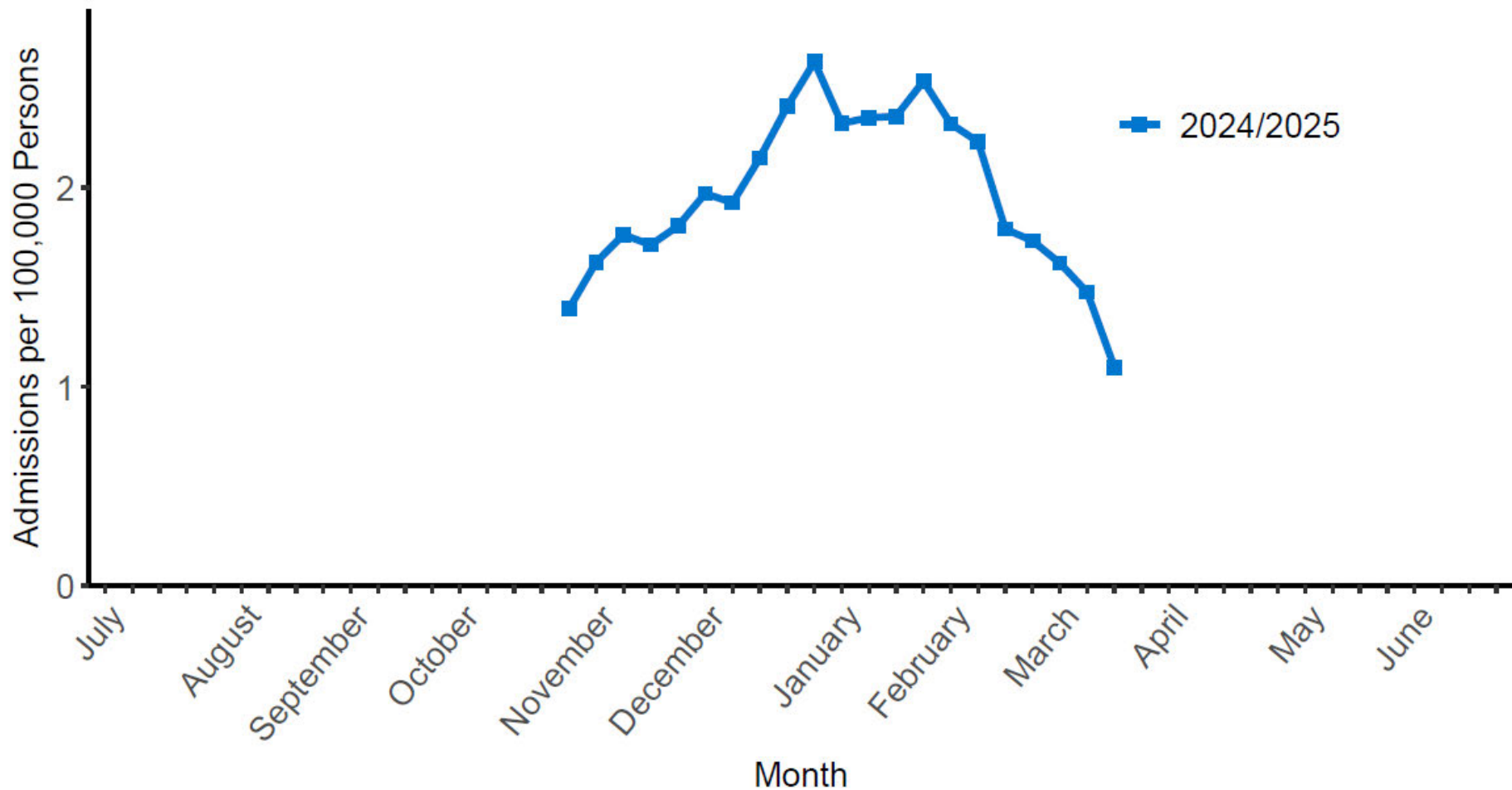
[Percentage of Other Respiratory Pathogen Detections at Clinical Sentinel Laboratories](#)

[Lab Data Notes](#)

COVID-19

The overall rate of admissions for COVID-19 from NHSN during the week ending March 22, 2025 was 1.1 compared to 1.5 during the week ending March 15, 2025.

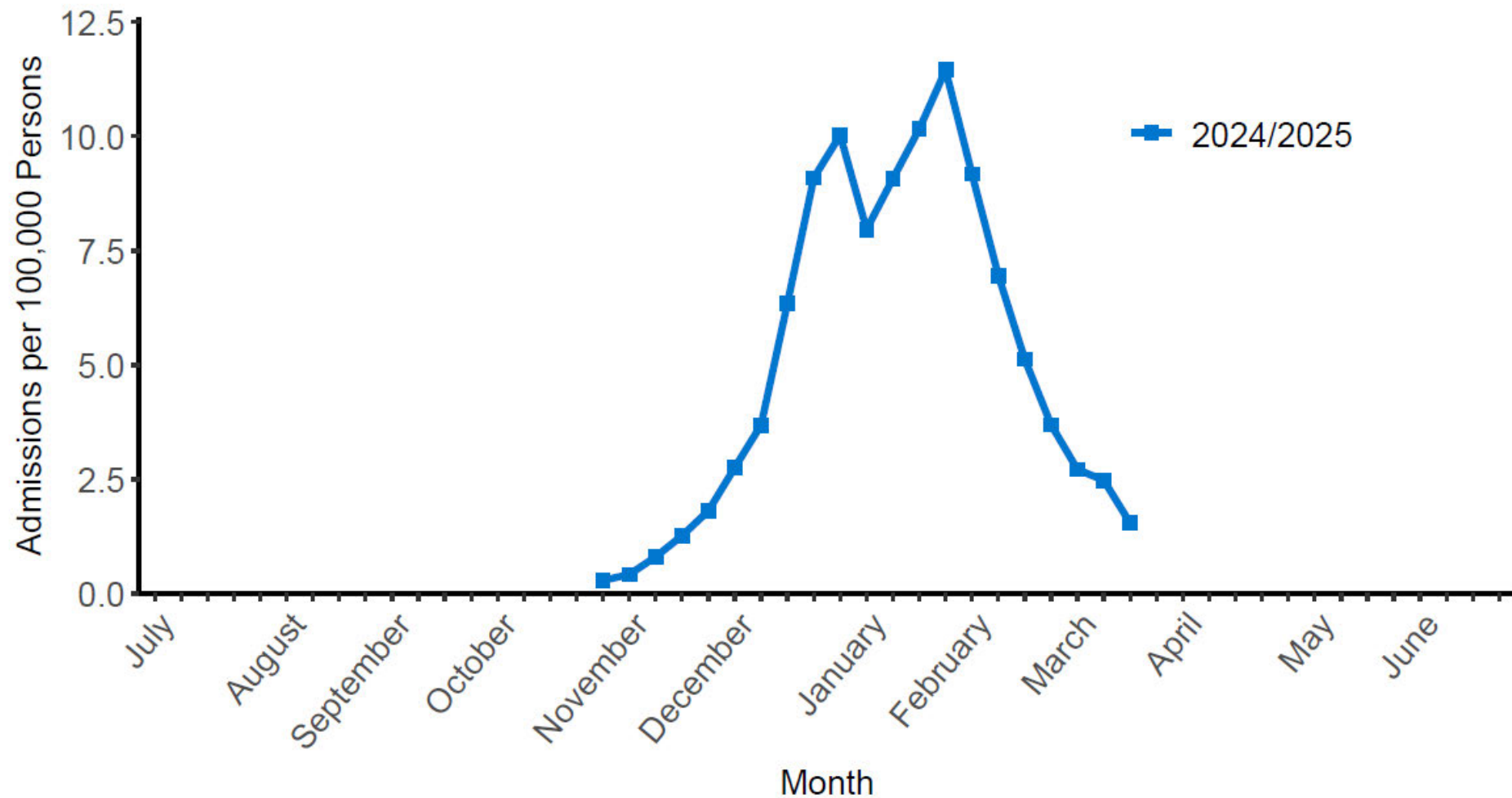
Figure 5. Rate of COVID-19 Admissions from NHSN from November 1, 2024 to Date



[Rate of COVID-19 Admissions from NHSN](#)

The overall rate of admissions for Influenza from NHSN during the week ending March 22, 2025 was 1.5 compared to 2.5 during the week ending March 15, 2025.

Figure 6. Rate of Influenza Admissions from NHSN from November 1, 2024 to Date

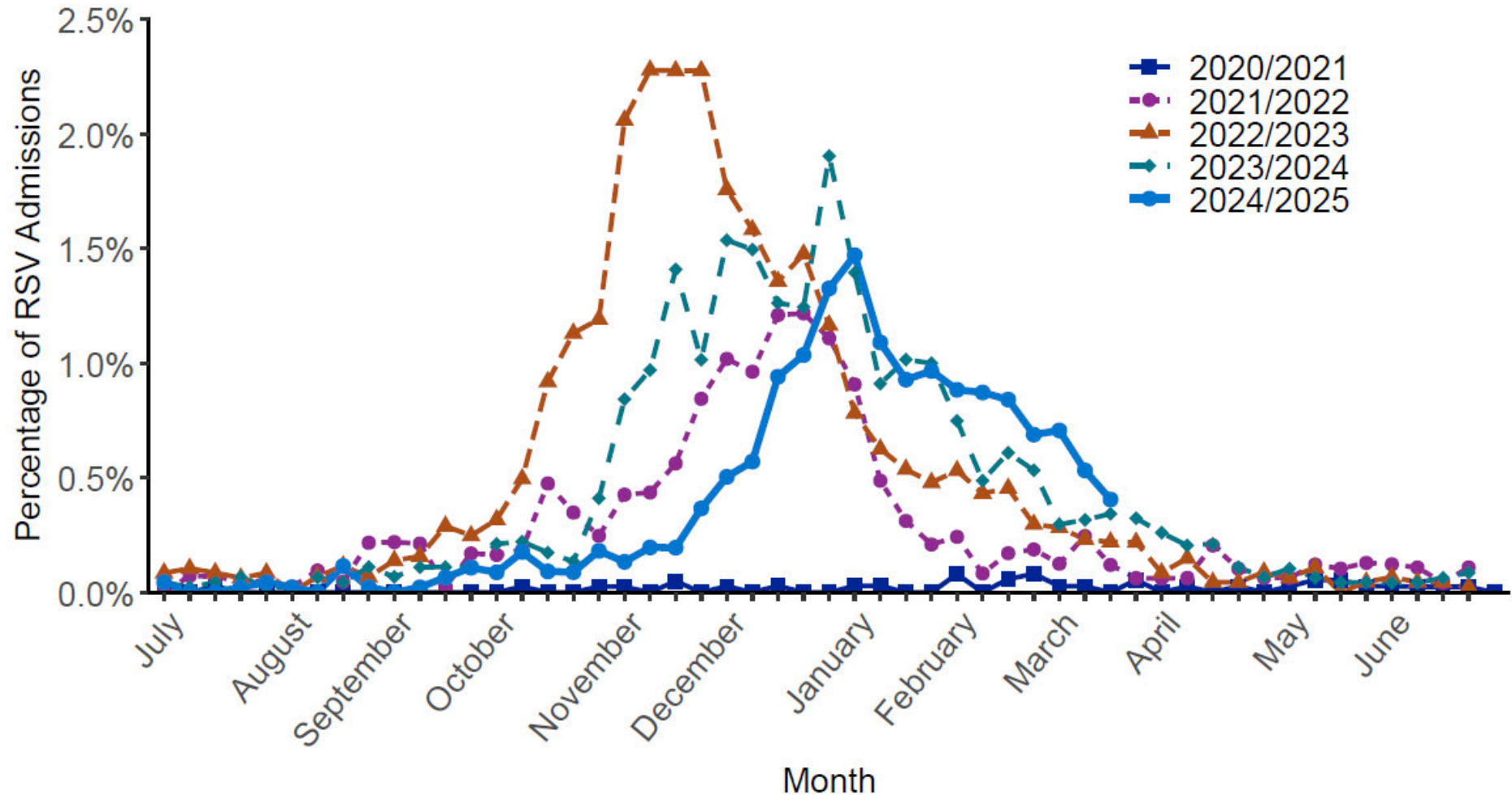


[Rate of Influenza Admissions from NHSN](#)

[NHSN Hospitalization Data Notes](#)

The overall percentage of admissions for RSV in Kaiser Permanente facilities in northern California during the week ending March 22, 2025 was 0.4% compared to 0.5% during the week ending March 15, 2025.

Figure 7. Percentage of RSV Admissions at Kaiser Permanente Northern California Facilities, 2020/2021 Season to Date

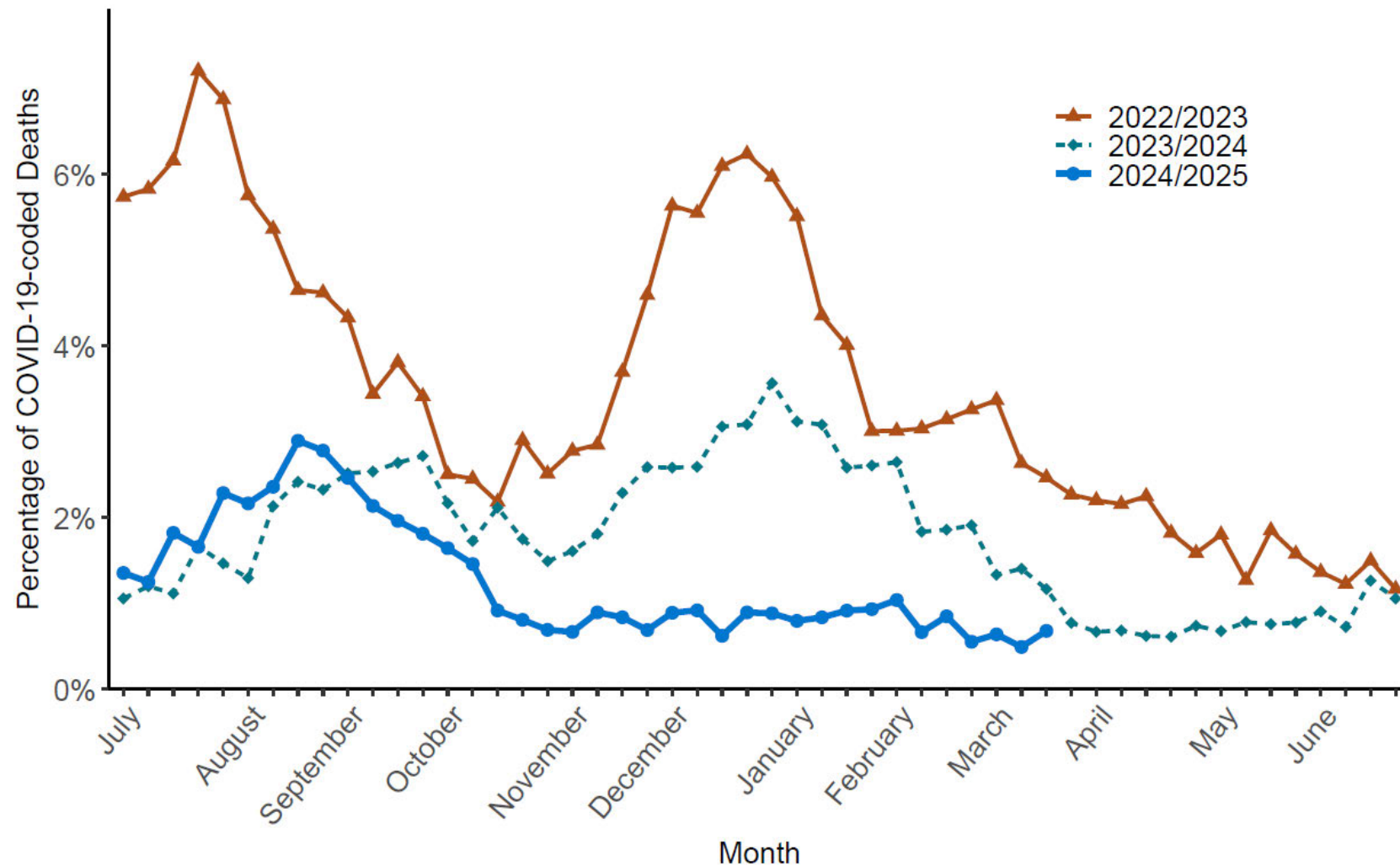


[Percentage of RSV Admissions at Kaiser Permanente Northern California Facilities](#)

COVID-19

The overall percentage of deaths with COVID-19 listed anywhere on the death certificate during the week ending March 22, 2025 was 0.7% compared to 0.5% during the week ending March 15, 2025.

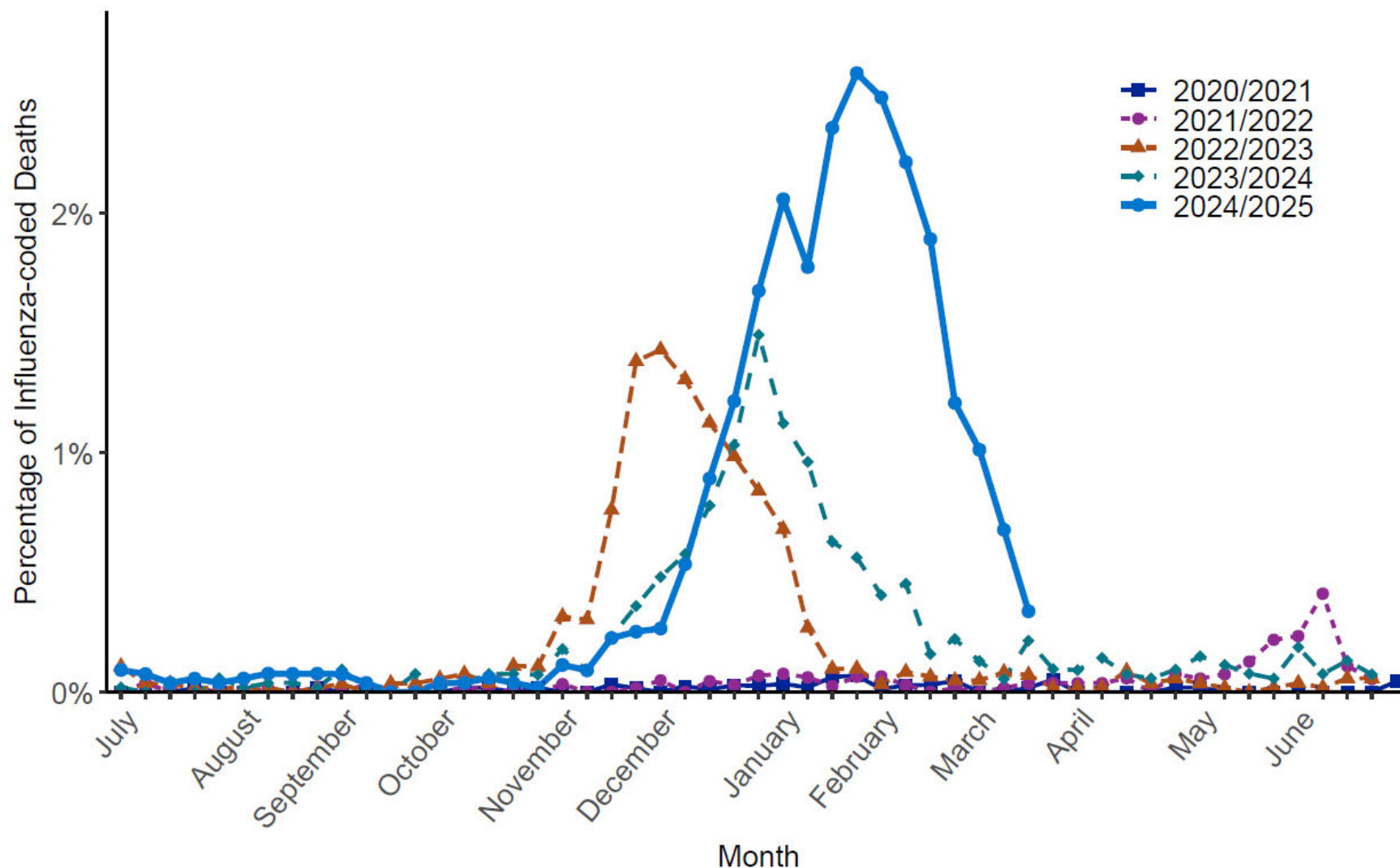
Figure 8. Percentage of deaths attributed to COVID-19 in death certificates, 2022/2023 Season to Date



[Percentage of Deaths Attributed to COVID-19 in Death Certificates](#)

The overall percentage of deaths with influenza listed anywhere on the death certificate during the week ending March 22, 2025 was 0.3% compared to 0.7% during the week ending March 15, 2025.

Figure 9. Percentage of deaths attributed to Influenza in death certificates, 2020/2021 Season to Date

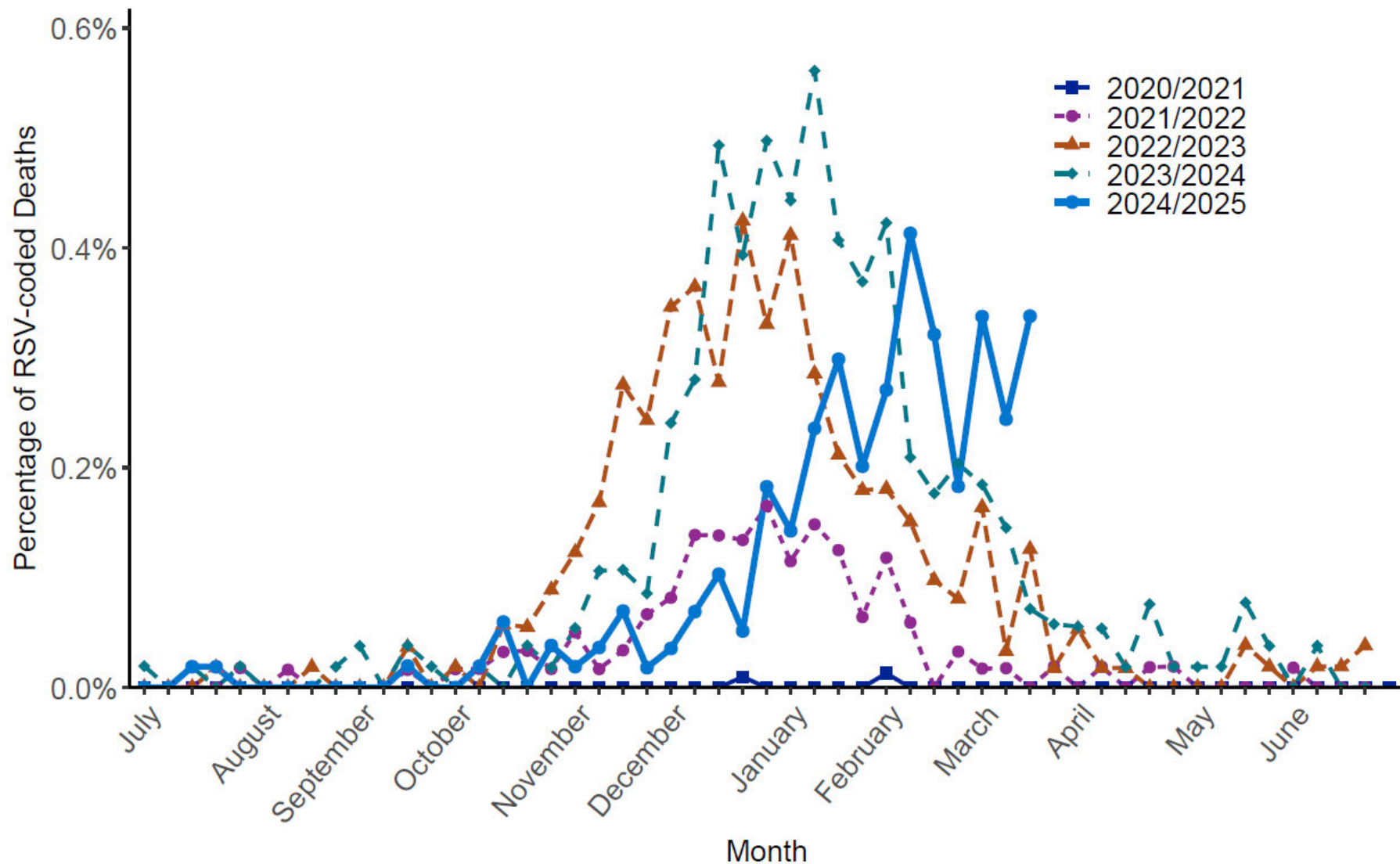


[Percentage of Deaths Attributed to Influenza in Death Certificates](#)

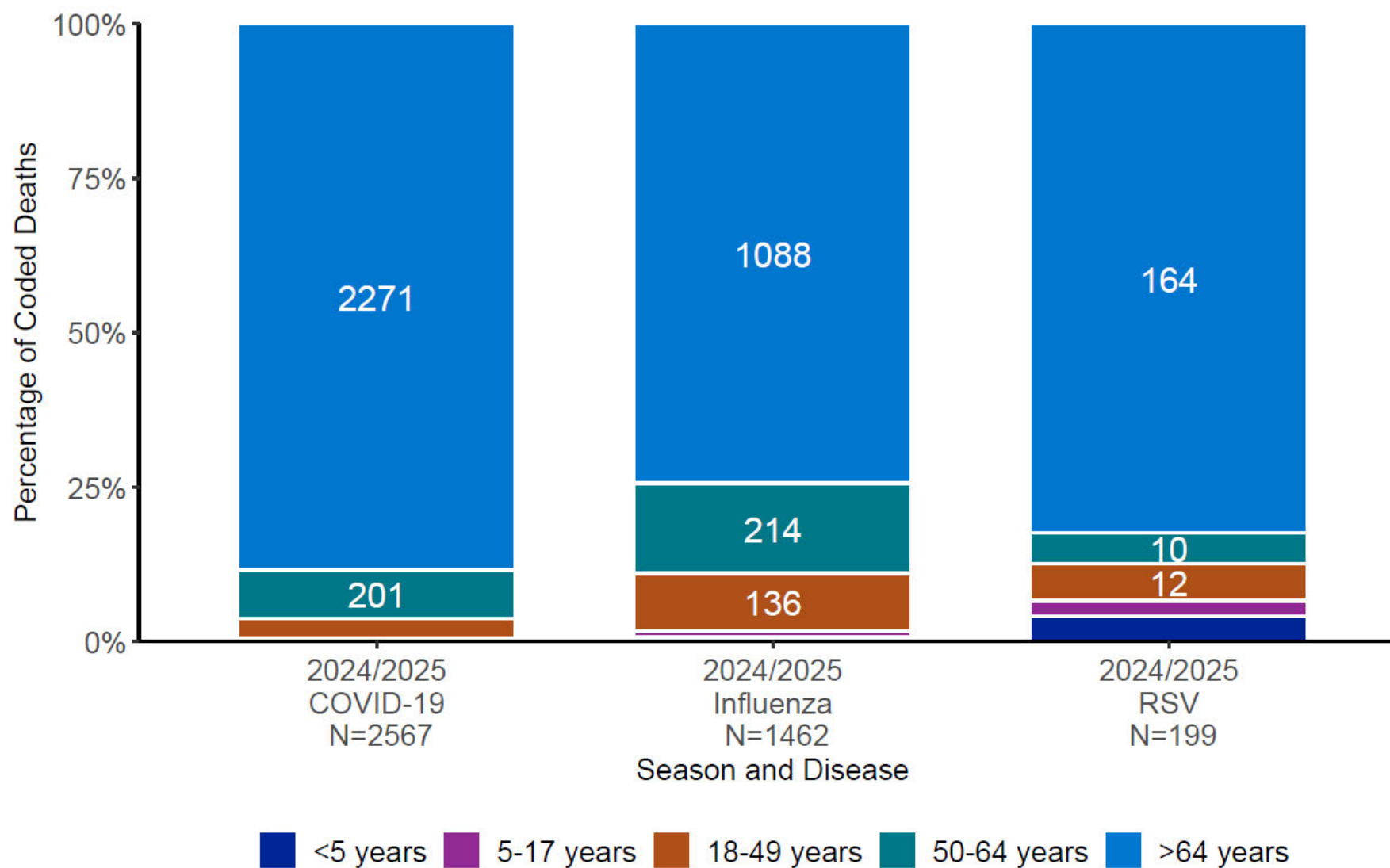
Respiratory Syncytial Virus (RSV)

The overall percentage of deaths with RSV listed anywhere on the death certificate during the week ending March 22, 2025 was 0.3% compared to 0.2% during the week ending March 15, 2025.

Figure 10. Percentage of deaths attributed to RSV in death certificates, 2020/2021 Season to Date



[Percentage of Deaths Attributed to RSV in Death Certificates](#)

Figure 11. Age Distribution of COVID-19, Flu, and RSV-Coded Deaths from Death Certificates, 2024/2025 Season to Date

[Age Distribution of COVID-19, Flu, and RSV-Coded Deaths from Death Certificates](#)

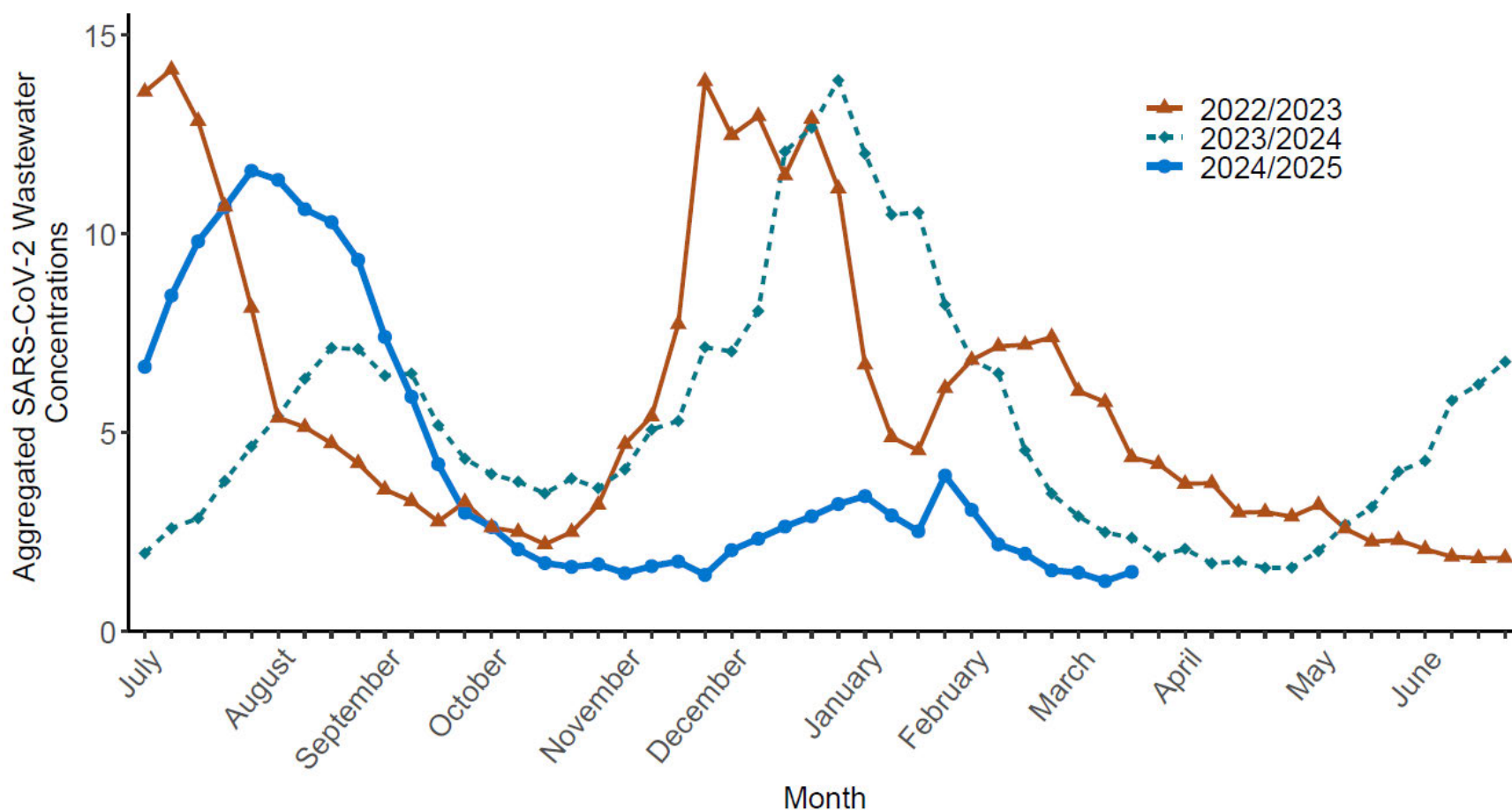
[Death Data Notes](#)

Wastewater Surveillance

COVID-19

Statewide concentrations of SARS-CoV-2 RNA in wastewater are at a low level, and concentrations are plateauing compared to 21 days ago. Local and regional levels and trends may differ from state-wide estimates. Among individual sites, 32% are decreasing and 53% are increasing.

Figure 12. Aggregated SARS-CoV-2 RNA wastewater concentrations, from 2022/2023 Season to Date



Explore CDPH Data: COVID-19, Influenza, RSV

- COVID-19
 - [COVID-19 Resources](#)
 - [COVID-19 Vaccines](#)
 - [COVID-19 Vaccine Data](#)
 - [COVID-19 Health Equity](#)
 - [SARS-CoV-2 Variant Tracking](#)
 - [California Wastewater Surveillance Program](#)
 - [CDPH CalSuWers Wastewater Dashboard](#)
 - [CDPH Wastewater Surveillance Open Data Portal](#)
 - [Border Health Status Report](#)
- Influenza
 - [Influenza \(Flu\)](#)
 - [Novel Influenza](#)
 - [H5N1 Bird Flu](#)
- RSV
 - [RSV Resources](#)
- General Respiratory Virus Resources
 - [Respiratory Virus Report Datasets and Data Dictionaries on Open Data Portal](#)
 - [Respiratory Virus Toolkit](#)
 - [HAI Respiratory Virus Resources](#)

Explore CDC and Other Resources

- COVID-19
 - [COVID-19 | CDC](#)
 - [COVID-19 Data Tracker for deaths, ED visits, and test positivity | CDC](#)
 - [COVID-19 Vaccine Resources | CDC](#)
- Influenza
 - [Influenza \(Flu\) | CDC](#)
 - [Weekly U.S. Influenza Surveillance Report \(FluView\) | CDC](#)
 - [FluView Interactive | CDC](#)
 - [FluVaxView- Flu Vaccine Coverage | CDC](#)
- RSV
 - [About RSV | CDC](#)
 - [RSVaxView- RSV Vaccine Coverage | CDC](#)
- General Respiratory Virus Resources
 - [Emergency Department \(ED\) Visits for Viral Respiratory Illnesses | CDC](#)
 - [Respiratory Virus Activity Levels | CDC](#)
 - [Respiratory Illness Data Channel | CDC](#)
 - [National Wastewater Surveillance System \(NWSS\) | CDC](#)
 - [WastewaterSCAN Dashboard](#)
 - [About Wastewater Data \(NWSS\) | CDC](#)

About This Report

More Information

- Accessible .csv files with data for all figures can be downloaded from the [Open Data Portal](#) (ODP).
- For questions regarding influenza and RSV surveillance and reporting in California, please email InfluenzaSurveillance@cdph.ca.gov.
- For questions regarding COVID-19 surveillance and reporting in California, please email COVIDepi@cdph.ca.gov.

Lab Data

- COVID-19
 - Data are received by the California Department of Public Health (CDPH) through electronic laboratory reporting of test results for COVID-19 among California residents.
 - COVID-19 testing data from Los Angeles County (LAC) has an additional 7-day lag.
 - For dates March 11, 2025 and after, LAC COVID-19 testing data are sourced from the Testing Object Result eXchange (TORX) data.
 - Test positivity is based on SARS-CoV-2 test results with a specimen collection date reported during a given week. Weeks are defined as Sunday through Saturday.
 - Test positivity is calculated by dividing the number of positive Nucleic Acid Amplification Test (NAAT) results by the total number of tests done.
- Influenza, Respiratory Syncytial Virus (RSV), and Other Respiratory Viruses (RVs)
 - CDPH gets data from volunteer labs in California called Sentinel Clinical Laboratories. These labs report how many tests were positive for influenza, RSV, and other RVs each week, and how many tests they did.
 - Volunteer labs include two large regional healthcare system laboratories covering counties in the Bay Area, Greater Sacramento, San Joaquin Valley, and Southern California regions of California, four children's hospital labs in the Bay Area (1), San Joaquin Valley (1) and Southern California (2), seven general acute care hospital labs in the Bay Area (2) and Southern California (5), and one clinic in Southern California.
 - These numbers don't include all the testing for influenza, RSV, and other RVs in California.
 - Test positivity is based on testing results reported during a given week. Weeks are defined as Sunday through Saturday. The data comes from labs that take part in the program.
 - Test positivity is the number of positive results divided by the total tests done.

National Healthcare Safety Network (NHSN) Hospitalization Data

- COVID-19 and Influenza
 - On November 1, 2024, the new [NHSN rules](#) started. They require reporting COVID-19 and influenza hospital admissions.
 - CDPH pulls NHSN data from the Centers for Disease Control and Prevention (CDC) on the Wednesday prior to the publication of the report. Results may differ depending on which day data are pulled.
 - Admission rates are calculated using population estimates from the [P-3: Complete State and County Projections Dataset](#) provided by the state of California Department of Finance. Reported weekly admission rates for the entire season use the population estimates for the year the season started.
 - For more information on NHSN data including the protocol and data collection information, see the [CDC NHSN webpage](#).

Kaiser Hospitalization Data

- Respiratory Syncytial Virus (RSV)
 - CDPH counts RSV-related admissions at Kaiser Permanente (KP) Northern California hospitals as those with diagnoses that include “RSV,” “syncytial,” or “bronchiolitis.” These numbers don’t always mean the admissions were confirmed by a lab.
 - To find the percentage of RSV admissions, divide the number of RSV admissions by the total number of admissions during the same period.
 - Admissions for pregnancy, labor and delivery, birth, and outpatient procedures are not included in the total number of admissions.

Death Data

- COVID-19
 - COVID-19 death data come from CDPH’s Comprehensive Death File.
- Influenza and Respiratory Syncytial Virus (RSV)
 - Influenza and RSV death data come from CDPH. For 2020 to the present, the data is from the Comprehensive Death File (Dynamic). For 2018 and 2019, it’s from the Comprehensive Death File (Static).
- These numbers do not always mean the COVID-19, influenza or RSV deaths were confirmed by a laboratory.
- California counts deaths from COVID-19, influenza, and RSV for residents. It does so if the death certificate mentions any of these illnesses.

Wastewater Surveillance Data for COVID-19

- These data represent wastewater data produced by multiple groups throughout California contributing to the California Surveillance of Wastewaters (Cal-SuWers) network. These groups include the California Department of Health Drinking Water and Radiation Laboratory (DWRL), [WastewaterSCAN](#) (through Verily laboratory), [CDC NWSS](#) (through Verily laboratory), and additional county, academic, and private programs in California. Not all wastewater surveillance programs in California participate in the Cal-SuWers network.
 - There is a special system for testing for the SARS-CoV-2 virus in wastewater. The testing locations are not evenly spread across the state. The number of sites, where they are, and the labs that work with them have changed a lot over time. For details about the sites involved, check the [CDPH Wastewater Surveillance](#) homepage.
- RNA is taken from wastewater samples and tested using PCR methods that look for a specific part of the N gene of SARS-CoV-2.
- The amount of SARS-CoV-2 in wastewater from all sites in California is combined to get a big picture of current trends and levels across the state. This is done using the [CDC’s Wastewater Viral Activity Level \(WVAL\)](#) method. The weekly state SARS-CoV-2 trend and level are only reported if at least 50% of sites in California measure at least one wastewater sample that week.
- Site specific wastewater data are available on the [CDPH Wastewater Surveillance Network Dashboard](#) and a downloadable wastewater dataset is available through the [California Health and Human Services Open Data Portal Wastewater Surveillance Data page](#).
- Wastewater trends are checked by looking at the average change in levels over the past three weeks. The changes are grouped into these categories:

- Decreasing: Less than -20% means levels are going down.
 - Plateau: Between -20% and +20% means levels are steady.
 - Increasing: More than 20% means levels are going up.
 - Strong increase: More than 100% means a big increase.
 - Very strong increase: More than 250% means a very big increase.
- Wastewater levels are evaluated by comparing the current concentration in wastewater to percentiles of historical concentrations over the past 365 days. If the current level is in the bottom third, compared to levels from the past year, it's considered low. If it's in the middle third, it's considered medium. If it's in the top third, it's considered high.

Pediatric Deaths

- COVID-19
 - COVID-19 pediatric deaths require laboratory confirmation (positive PCR) and are sourced from the California Department of Public Health, California Comprehensive Death File (Dynamic).
- Influenza
 - Providers must report influenza-related deaths in children under 18. This is required by California law ([Title 17, Section 2500 of the California Code of Regulations \(PDF\)](#)). These deaths also need to be confirmed by a laboratory test.
- Respiratory Syncytial Virus (RSV)
 - Providers must report RSV-related deaths in children under 5. This is required by California law ([Title 17, Section 2500 of the California Code of Regulations \(PDF\)](#)). These deaths also need to be confirmed by a laboratory test.
- To find pediatric deaths from COVID-19, influenza, and RSV, the methods look at what's written on death certificates, and they do not use lab tests. This is different from how we identify these deaths when lab tests are required. Providers are required to report influenza and RSV pediatric deaths, following rules in [Title 17, Section 2500 \(PDF\)](#).